

# Family Information Form

**Note:** This form is used to update your personal information with your local MFRC. Ideally this form is to be completed yearly and then again prior to any work related separation. Once completed this form is to be submitted to your MFRC.

1. Particulars of CF Member			
Service Number	Rank	Surname	Given Name & Init.
Home Unit	<b>Please check one</b> <input type="checkbox"/> Regular Force <input type="checkbox"/> Reserve Force <input type="checkbox"/> Civilian		
Reason for Work Related Separation	<b>Please check one</b> <input type="checkbox"/> Deployment <input type="checkbox"/> Course/Training <input type="checkbox"/> Imposed Restriction		
Work Related Separation Information	Dates	Location	
Children's names and birthdates			
Who will be the Primary Care giver of the children while you are away?			
			<b>Please check one</b> <input type="checkbox"/> Primary Contact 1 <input type="checkbox"/> Primary Contact 2

2. Deployment Support	
If contacts lives outside of the local area, would you like this form shared with their nearest MFRC? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Primary Contact (1)</b>	
Full Name:	
Relationship	Language
<input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Other	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other _____
Complete Mailing Address (of contact)	
Home Phone Number (of contact)	Cell Number (of contact)
Work Number (of contact)	Email Address (of contact)
(   )	
Would this contact like to be added to Family Network email? <input type="checkbox"/> Yes <input type="checkbox"/> No	
The SIT service provides information on resources, events and activities provided by the MFRC, the community and operational updates when available from the Command Team.	
<b>Would this contact like to be registered for our monthly "Staying in Touch Service" (only when member is deployed)?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email <input type="checkbox"/> Phone	
3. General MFRC	
Would this contact be interested in receiving the Quarterly MFRC / PSP Activity Guide? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Would this contact like to receive monthly MFRC updates via email? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## 2. Deployment Support

If contacts lives outside of the local area, would you like this form shared with their nearest MFRC?  Yes  No

### Primary Contact (2)

Full Name:

Relationship

Spouse  Partner  Parent  Friend  
 Other

Language

English  French  Other: \_\_\_\_\_

Complete Mailing Address (of contact)

Home Phone Number (of contact)

( )

Cell Number (of contact)

( )

Work Number (of contact)

( )

Email Address (of contact)

Would this contact added to Family Network email?  Yes  No

The SIT service provides information on resources, events and activities provided by the MFRC, the community and operational updates when available from the Command Team.

**Would this contact like to be registered for our monthly "Staying in Touch Service" (only when member is deployed)?**

Yes  No  Email  Phone

## 3. General MFRC

Would this contact be interested in receiving the Quarterly MFRC / PSP Activity Guide?  Yes  No

Would this contact like to receive monthly MFRC updates via email?  Yes  No

**Do you have a dependent or family member one who may need additional support while you are away? (i.e. health concerns, pregnancy, or diverse abilities)**  Yes  No

**If yes, would you like support in developing a deployment plan?**  Yes  No

# Privacy Disclaimer

The information on this form will be kept confidential and used only for the purpose for which it is collected within the Military Family Resource Centre (MFRC). The MFRC adheres to the *Privacy Act*. I understand this information will be shared with my Unit's Family Network.

Signature: \_\_\_\_\_

Print full name \_\_\_\_\_

Date (DD/MMM/YY): \_\_\_\_\_

### For Office Use Only

Date Received:		Family Network Contacted:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Entered into Database:	
				Entered By:	

Forwarded to another MFRC?  Yes  No Location : \_\_\_\_\_

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